

DOCKET NO.: M0765.70069US00

DECLARATION FOR PATENT APPLICATION

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name:

I believe the named inventor(s) to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

METHODS AND COMPOSITIONS FOR TREATING ALZHEIMER'S DISEASE

the specification of which is attached hereto unless the following is checked:

- ☒ was filed on September 17, 2003, as United States Application No. 10/664,414, bearing attorney docket No. M0765.70069US00.

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, §1.56.

I hereby claim the benefit under Title 35, United States Code, §119(e) of any United States provisional application(s) listed below:

60/411,706
(Application Number)

09/18/02
(filing date)

The undersigned hereby appoints the Practitioners at Wolf, Greenfield & Sacks, P.C. as defined by:

☒ *Customer Number:* **23628**

to prosecute this application and all related divisional, continuing, substitute, renewal, reissue, and/or re-exam applications, and to conduct all business in the Patent and Trademark Office connected therewith.

☒ *Direct all correspondence to the above-mentioned customer number*

Address all telephone calls to John R. Van Amsterdam, Ph.D. at telephone no. (617) 646-8000.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Inventor's Signature:

Full name of first or joint inventor:

Citizenship:

Residence:

Post Office Address:


G. William REBECK

United States

Washington, DC 20057-1464

Georgetown University, Box 571464, 3970 Reservoir Rd.,
NW, Washington, DC 20057-1464

9/1/04

Date

Inventor's Signature:

Full name of second joint inventor:

Citizenship:

Residence:

Post Office Address:

Amy DENG

United States

Charlestown, MA 02129

MGH Neurology Service, 114 16th Street,
Charlestown, MA 02129

Date

Inventor's Signature:

Full name of third joint inventor:

Citizenship:

Residence:

Post Office Address:

Hiroaki FUKUMOTO

Japan

Charlestown, MA 02129

MGH Neurology Service, 114 16th Street,
Charlestown, MA 02129

Date

Inventor's Signature:

Full name of third joint inventor:

Citizenship:

Residence:

Post Office Address:

Michael IRIZARRY

United States

Charlestown, MA 02129

MGH Neurology Service, 114 16th Street,
Charlestown, MA 02129

Date

Inventor's Signature:

Full name of third joint inventor:

Citizenship:

Residence:

Post Office Address:

Michael FITZGERALD

United States

Boston, MA 02114

Lipid Metabolism Unit, Mass. General Hospital
Boston, MA 02114

Date



DOCKET NO.: M0765.70069US00

DECLARATION FOR PATENT APPLICATION

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe the named inventor(s) to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

METHODS AND COMPOSITIONS FOR TREATING ALZHEIMER'S DISEASE

the specification of which is attached hereto unless the following is checked:

- ☒ was filed on September 17, 2003, as United States Application No. 10/664,414, bearing attorney docket No. M0765.70069US00.

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, §1.56.

I hereby claim the benefit under Title 35, United States Code, §119(e) of any United States provisional application(s) listed below:

60/411,706
(Application Number)

09/18/02
(filing date)

The undersigned hereby appoints the Practitioners at Wolf, Greenfield & Sacks, P.C. as defined by:

☒ *Customer Number:* **23628**

to prosecute this application and all related divisional, continuing, substitute, renewal, reissue, and/or re-exam applications, and to conduct all business in the Patent and Trademark Office connected therewith.

☒ *Direct all correspondence to the above-mentioned customer number*

Address all telephone calls to John R. Van Amsterdam, Ph.D. at telephone no. (617) 646-8000.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Serial No.: 10/664,414
Declaration for Patent Application

Page 2

Inventor's Signature:

Full name of first or joint inventor:

Citizenship:

Residence:

Post Office Address:

G. William REBECK

Date

United States

Washington, DC 20057-1464

Georgetown University, Box 571464, 3970 Reservoir Rd.,
NW, Washington, DC 20057-1464

Inventor's Signature:

Full name of second joint inventor:

Citizenship:

Residence:

Post Office Address:

Amy DENG

Date

United States

Charlestown, MA 02129

MGH Neurology Service, 114 16th Street,
Charlestown, MA 02129

Inventor's Signature:

Full name of third joint inventor:

Citizenship:

Residence:

Post Office Address:

Hiroaki Fukumoto

11/18/2004

Date

Japan

Charlestown, MA 02129

MGH Neurology Service, 114 16th Street,
Charlestown, MA 02129

Witnessed by:

Paul C. Fry

Inventor's Signature:

Full name of third joint inventor:

Citizenship:

Residence:

Post Office Address:

Michael IRIZARRY

11/18/2004

Date

United States

Charlestown, MA 02129

MGH Neurology Service, 114 16th Street,
Charlestown, MA 02129

Inventor's Signature:

Full name of third joint inventor:

Citizenship:

Residence:

Post Office Address:

Michael FITZGERALD

Date

United States

Boston, MA 02114

Lipid Metabolism Unit, Mass. General Hospital
Boston, MA 02114



DOCKET NO.: M0765.70069US00

DECLARATION FOR PATENT APPLICATION

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe the named inventor(s) to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

METHODS AND COMPOSITIONS FOR TREATING ALZHEIMER'S DISEASE

the specification of which is attached hereto unless the following is checked:

- ☒ was filed on September 17, 2003, as United States Application No. 10/664,414, bearing attorney docket No. M0765.70069US00.

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, §1.56.

I hereby claim the benefit under Title 35, United States Code, §119(e) of any United States provisional application(s) listed below:

60/411,706
(Application Number)

09/18/02
(filing date)

The undersigned hereby appoints the Practitioners at Wolf, Greenfield & Sacks, P.C. as defined by:

☒ *Customer Number:* **23628**

to prosecute this application and all related divisional, continuing, substitute, renewal, reissue, and/or re-exam applications, and to conduct all business in the Patent and Trademark Office connected therewith.

☒ *Direct all correspondence to the above-mentioned customer number*

Address all telephone calls to John R. Van Amsterdam, Ph.D. at telephone no. (617) 646-8000.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Inventor's Signature:

Full name of first or joint inventor: G. William REBECK _____ Date _____
Citizenship: United States
Residence: Washington, DC 20057-1464
Post Office Address: Georgetown University, Box 571464, 3970 Reservoir Rd.,
NW, Washington, DC 20057-1464

Inventor's Signature:

Full name of second joint inventor: Amy DENG Sept 09, 2004 _____ Date _____
Citizenship: United States
Residence: Charlestown, MA 02129
Post Office Address: MGH Neurology Service, 114 16th Street,
Charlestown, MA 02129

Inventor's Signature:

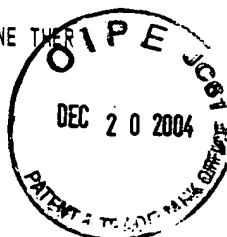
Full name of third joint inventor: Hiroaki FUKUMOTO _____ Date _____
Citizenship: Japan
Residence: Charlestown, MA 02129
Post Office Address: MGH Neurology Service, 114 16th Street,
Charlestown, MA 02129

Inventor's Signature:

Full name of third joint inventor: Michael IRIZARRY 9/9/04 _____ Date _____
Citizenship: United States
Residence: Charlestown, MA 02129
Post Office Address: MGH Neurology Service, 114 16th Street,
Charlestown, MA 02129

Inventor's Signature:

Full name of third joint inventor: Michael FITZGERALD _____ Date _____
Citizenship: United States
Residence: Boston, MA 02114
Post Office Address: Lipid Metabolism Unit, Mass. General Hospital
Boston, MA 02114



DOCKET NO.: M0765.70069US00

DECLARATION FOR PATENT APPLICATION

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe the named inventor(s) to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

METHODS AND COMPOSITIONS FOR TREATING ALZHEIMER'S DISEASE

the specification of which is attached hereto unless the following is checked:

- ☒ was filed on September 17, 2003, as United States Application No. 10/664,414, bearing attorney docket No. M0765.70069US00.

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, §1.56.

I hereby claim the benefit under Title 35, United States Code, §119(e) of any United States provisional application(s) listed below:

60/411,706
(Application Number)

09/18/02
(filing date)

The undersigned hereby appoints the Practitioners at Wolf, Greenfield & Sacks, P.C. as defined by:

☒ *Customer Number:* **23628**

to prosecute this application and all related divisional, continuing, substitute, renewal, reissue, and/or re-exam applications, and to conduct all business in the Patent and Trademark Office connected therewith.

☒ *Direct all correspondence to the above-mentioned customer number*

Address all telephone calls to John R. Van Amsterdam, Ph.D. at telephone no. (617) 646-8000.


I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Inventor's Signature: _____
Full name of first or joint inventor: **G. William REBECK** _____ Date
Citizenship: United States
Residence: Washington, DC 20057-1464
Post Office Address: Georgetown University, Box 571464, 3970 Reservoir Rd.,
NW, Washington, DC 20057-1464

Inventor's Signature: _____
Full name of second joint inventor: **Amy DENG** _____ Date
Citizenship: United States
Residence: Charlestown, MA 02129
Post Office Address: MGH Neurology Service, 114 16th Street,
Charlestown, MA 02129

Inventor's Signature: _____
Full name of third joint inventor: **Hiroaki FUKUMOTO** _____ Date
Citizenship: Japan
Residence: Charlestown, MA 02129
Post Office Address: MGH Neurology Service, 114 16th Street,
Charlestown, MA 02129

Inventor's Signature: _____
Full name of third joint inventor: **Michael IRIZARRY** _____ Date
Citizenship: United States
Residence: Charlestown, MA 02129
Post Office Address: MGH Neurology Service, 114 16th Street,
Charlestown, MA 02129

Inventor's Signature:  _____
Full name of third joint inventor: **Michael FITZGERALD** _____ Date 11/17/04
Citizenship: United States
Residence: Boston, MA 02114
Post Office Address: Lipid Metabolism Unit, Mass. General Hospital
Boston, MA 02114